

State of Washington
Application for a Water Right Permit

☐ SURFACE WATER ☒ GROUND WATER
☒ Permanent ☐ Temporary ☐ Short Term

Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO
THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name: Yakama Nation Fisheries U.S.	Phone No: 509 548-2206	Other No:
Address: Yakama Nation Fisheries, 7051 Hwy 97 A		
City: Peshastin	State: WA	Zip: 98847-9711
Email Address (optional): cory@mid-columbia-coho.net		

Contact Name (if different from above): Cory Kamphaus	Phone No: 509 548-2206	Other No:
Relationship to Applicant: Employee		
Address: Yakama Nation Fisheries, 7051 Hwy 97		
City: Peshastin	State: WA	Zip: 98847
Email Address (optional): cory@mid-columbia-coho.net		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Water from an existing well will supplement surface water from an unnamed seasonal stream that flows into a pond used to acclimate and release coho salmon as part of the Mid-Columbia Coho Reintroduction Project. The water use is non-consumptive.

Anticipated length of time to complete your project: 1 month

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) x Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Acclimation of coho salmon smolts	300	150	November to May of each year
TOTAL:	300	150	

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES x NO

Is this request for a temporary permit? ☐ YES x NO

If yes to either question above, indicate the dates that the water will be needed:

For Ecology Use	APPLICATION NO: G4-35260	SEPA: Exempt/Not Exempt
	Fee Paid: \$660.00	Check No: _____ ECY Coding: 001-001-WR1-0285-000011
Date Returned 10.12.2009	By _____	Priority Date 10.12.2009 By _____ WRIA: 45 Chelan

FROM: ____/____/____ TO: ____/____/____

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____
Source Name: _____	Well diameter & depth: 8" casing 100' deep _____
Tributary to: _____	Number of proposed points of withdrawal: 1
Number of proposed diversion points: _____	Do you have an existing well? x YES <input type="checkbox"/> NO
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	If available, attach Water Well Report and pump test.
	Well Tag ID No. _____

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
261605210050	NE	NW	5	26	16	Chelan
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:
1,500 Feet (☐ North/x South) and 2,000 feet (x East/☐ West)
from the (x NW ☐SW ☐NE ☐SE ☐) corner of Section 5.

Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:
____feet (☐ North/☐ South) and ____feet (☐ East/☐ West)
from the (☐NW ☐SW ☐NE ☐SE ☐) corner of Section ____

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☐ YES x NO
If no, do you have legal authority to make this application for use of another's land? x YES ☐ NO
Provide the owner name(s), address, and phone number: Cory Rohlfing, PO Box 492288, Kea'au, HI 96749, (808) 895-9797

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

¼	¼	Section	Twp.	Range	County	Parcel No.
NE	NW	5	26	16	Chelan	

Do you own all the lands on which the proposed place of use is located? ☐ YES x NO.

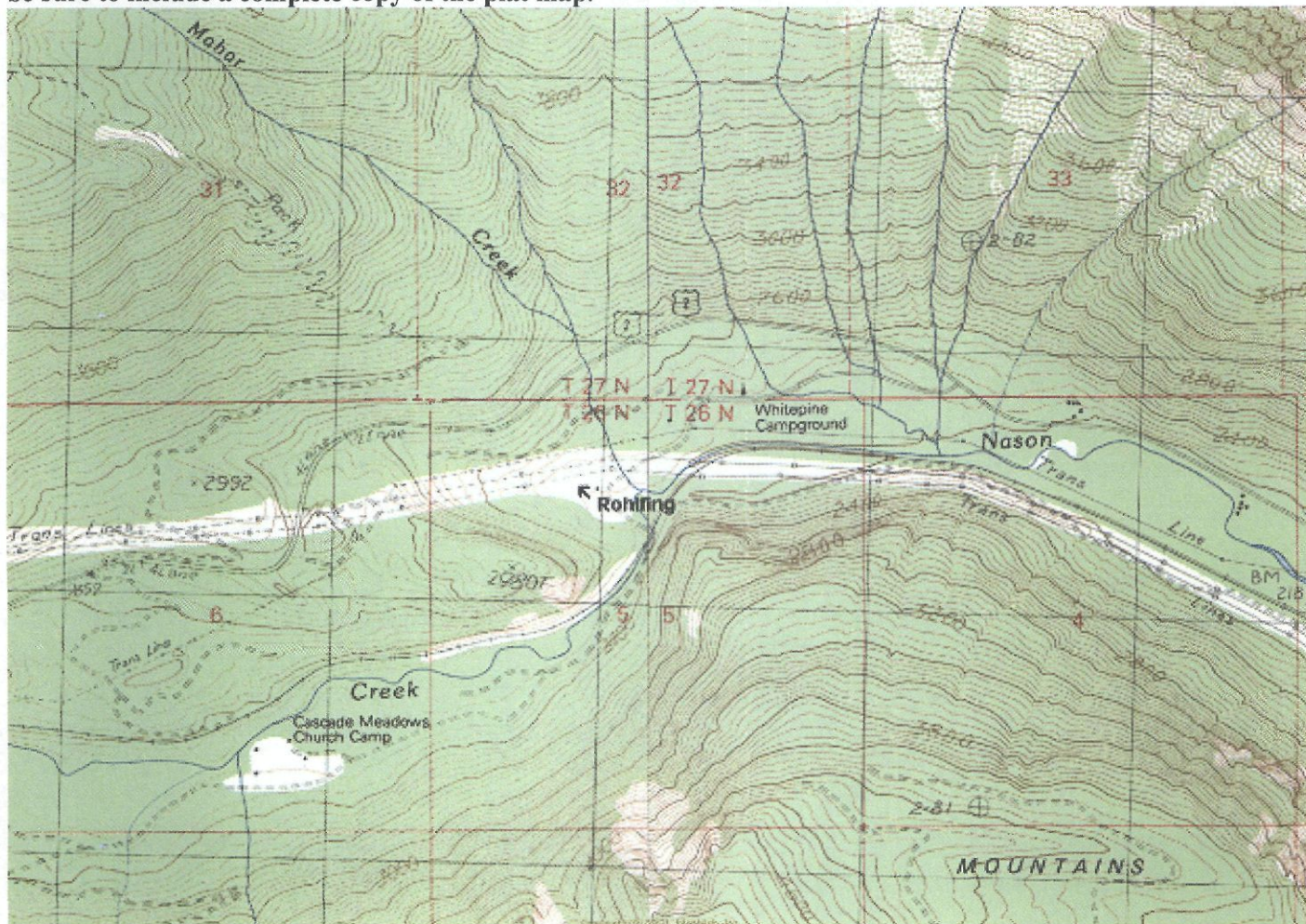
If no, do you have legal authority to make this application for use of another's land? x YES ☐ NO
Provide owner name(s), address, and phone number: Cory Rohlfing, PO Box 492288, Kea'au, HI 96749, (808) 895-

For Ecology Use	APPLICATION NO: _____	SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date _____ By _____ WRIA: _____

Are there any other water rights or claims associated with this property or water system? ☐ YES x NO

If yes, provide the water right and/or claim numbers: _____

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.



Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Water from the well will supplement surface water from an unnamed seasonal stream that flows into a pond used to acclimate and release coho salmon as part of the Mid-Columbia Coho Reintroduction Project. A buried pipeline will move pumped water from the well to the pond.

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

Complete A or B, and C below

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: _____	Present population to be served water: _____
Type of connections: _____ (e.g., home, recreational cabin)	Estimate future population to be served: _____ (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	

Are you within the service area of an existing water system? ☐ YES ☐ NO

If yes, explain why you are unable to connect to the system: _____

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = _____ ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: _____

Is the proposed project for a dairy farm? ☐ YES ☐ NO

Other Proposed Farm Uses

Describe all proposed uses: _____

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: _____

Other Use

Acclimate coho salmon as part of the Mid-Columbia Coho Reintroduction Project.

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☒ YES ☐ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: An existing pond will be used to acclimate coho salmon.

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: North on Hwy 2 from Leavenworth, turn left 6 miles west of Coles Corner at the Whitepine Campground exit onto FS 6950 (Whitepine Road). This site is on the right, 1 mile from Hwy 2, up a private driveway.

Site Address: _____

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Cory M Kamphaus
Print Name
(Applicant or authorized representative)

[Signature]
Signature

7/7/09
Date

☒ Cory R Rohlfing
Print Name
(Landowner of Place of Use)

[Signature]
Signature

6/20/09
Date

Print Name
(Landowner of Place of Use)

Signature

Date

Print Name
(Landowner of Place of Use)

Signature

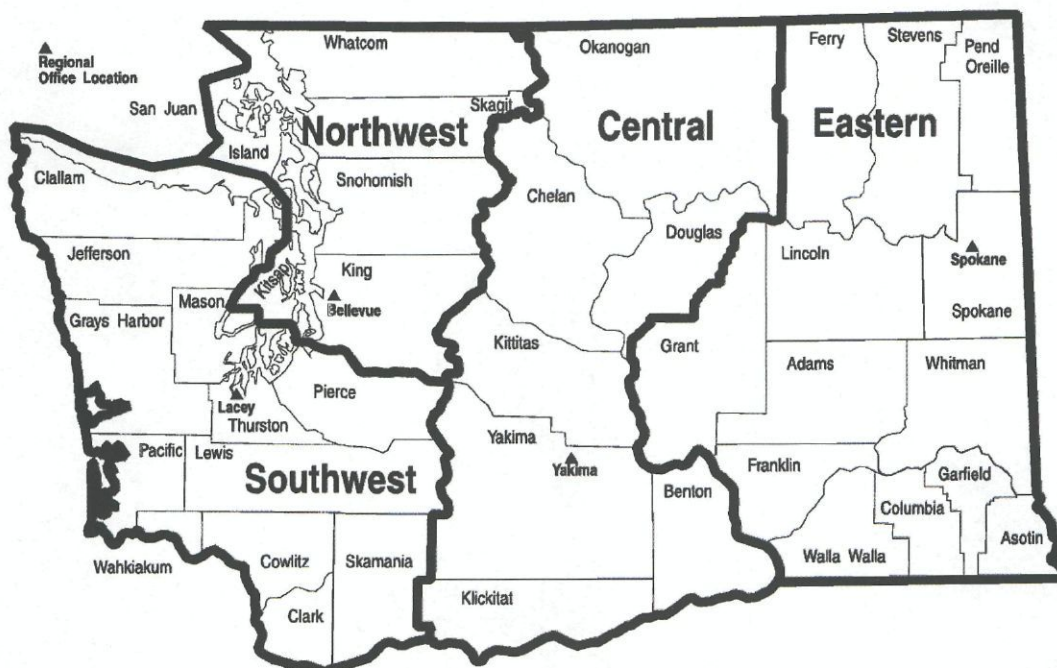
Date

Submit your application to: DEPARTMENT OF ECOLOGY
CASHIERING SECTION
PO BOX 47611
OLYMPIA, WA 98504-7611

Please check the region in which your proposed project is located.

☐ Southwest ☐ Northwest ☒ Central ☐ Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300

Northwest Regional Office: 425-649-7000

Central Regional Office: 509-575-2490

Eastern Regional Office: 509-329-3400



State of Washington INSTRUCTIONS for the Application for a Water Right Permit

Please read these instructions carefully. Be accurate and complete in filling out your application, as the information you provide is very important in processing your application. Be sure to attach your fees, maps, and any additional information related to the water uses you are proposing.

If you need assistance, please contact the regional office in which your project will be located. A map of the Ecology regions is on the back page of the application. If your answers to any questions are longer than the space provided, you may attach additional sheets as necessary.

Check Boxes

Check the appropriate box for Surface or Ground Water.

Check the appropriate box for Permanent, Temporary, or Short Term use (duration of 4 months or less).

Application Fee

- A minimum fee of \$50.00 is required for each new application for a water right permit.
- No fees are required for applications to be processed under a Cost Reimbursement contract.
- No fees are required for Emergency Drought Applications (only when a drought is declared).

If additional fees are required, Ecology will send you a letter requesting those fees. If you are unsure of the appropriate fee amount, contact your regional office for more information, or visit our website:

http://www.ecy.wa.gov/programs/wr/rights/wr_fees.html.

Please make checks or money orders payable to the "Department of Ecology." Cash cannot be accepted. ALL FEES ARE NONREFUNDABLE.